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CONFIRMATION NO. 5876

SERIAL NUMBER 10/025,023	FILING OR 371(c) DATE 12/19/2001 RULE	CLASS 705	GROUP ART UNIT 3627	ATTORNEY DOCKET NO. 539.337.2.1
APPLICANTS Guy Scott Bristol, Shoreview, MN;				
** CONTINUING DATA ***** This appln claims benefit of 60/278,821 03/26/2001				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/24/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MN	SHEETS DRAWING 18	TOTAL CLAIMS 74
INDEPENDENT CLAIMS 3				
ADDRESS 27581				
TITLE IMPLANTABLE MEDICAL DEVICE MANAGEMENT SYSTEM				
FILING FEE RECEIVED 2562	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	